

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

REG. NO. 10/769326  
APPLICANT(S) *John Doe*  
FILED DATE *1/1/76*

CLAIMS	AS FILED		AFTER ONE AMENDMENT		AFTER TWO AMENDMENTS	
	IND	DEP	IND	DEP	IND	DEP
1			1		1	
2			1		1	
3	1		1		1	
4	2		2		2	
5	1		1		2	
6	1		1		2	
7	1		2		2	
8	2		2		2	
9	2		2		2	
10	2		1		2	
11	2		1		2	
12	2		2		2	
13	2		1		2	
14	2		1		2	
15	2		2		2	
16	2		1		2	
17	2		2		2	
18	2		2		2	
19	2		2		2	
20	2		1		2	
21	1		1		1	
22	1		1		1	
23	1					
24	1					
25	3					
26	2					
27	2					
28	1					
29			1		1	
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50						
TOTAL IND.	5	1	5	1	4	
TOTAL DEP.	44	—	27	—	36	
TOTAL CLAIMS	49	22	32	23	40	

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.		1		1		1
TOTAL DEP.		—		—		—
TOTAL CLAIMS		22		23		23